



# RUSHMOOR MALLARDS



## Emergency Information

We reserve the right not to take people to events if this form is not completed

Name:	
Medical Condition(s):	
Medication(s):	
Known Allergies:	
What is considered an emergency for this person?	
What action should be taken if this emergency arises?	
Contact 1	Name: Relationship: Contact Number:
Contact 2	Name: Relationship: Contact Number:
Any further information that you feel the club should be made aware?	
Yes / No	I give permission for the above named to receive dental, medical or surgical treatment (including anaesthetic) as considered necessary by the medical authorities present in an emergency. If emergency first aid or the need to administer other medical treatment arises I give permission for the team manager to act <i>loco parentis</i>
Yes / No	I am medically fit to participate in sport (consent given by doctor)
Yes / No	I understand that while away at events I am responsible for all of my personal belongs, and will not hold Rushmoor Mallards responsible for any items that are lost or damaged.
Yes / No	I agree to follow the policy for the prevention and management of abuse set out by Rushmoor Mallards.
Yes / No	I give permission for photos / videos to be taken and used for the purpose of promoting the club and for club records.
Yes / No	When transport is arranged to attend an event I give permission for the above named to travel as arranged by the team manager/sports leader.

Signed:  
Relationship if not named person  
Date

(parent if under 18 or carer)